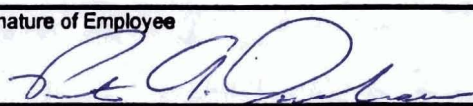
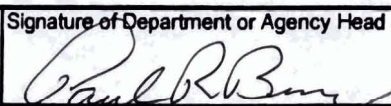


PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department PUBLIC WORKS - Road Ops		Your Department's Risk Management BARS Code: 150.300.6200.54290.46.0030	
Employee Completing Report	Employee Name PETER A. JACKOWSKI		
	Division, Section, Etc. ROAD MAINT.		
	Work Address 4812 196TH ST E. SPANAWAY		Work Phone 98387 798-6000
	Name		
Person Injured/Involved in the Accident or Incident	Home Address		Age
	Home Phone		
	Occupation		
	Employed By:		Work Phone
	What was the involved person doing at the time of accident or incident?		
Date, Time and Place	Date 5-25-11		Time 10:30 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
	Location 3425 88TH ST E.		
The Injury	Nature and extent of injury NA		
	Where was injured taken after accident? NA		Name of Doctor
	Why was injured on premises? NA		
Property Damage or Theft of Property	Owner's Name QUEST		Home Phone
	Address 3425 88TH ST E.		
	List damage: BROKEN PHONE LINE		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) I WAS DITCHING NEAR A PEDESTAL, WHEN THE PHONE LINE APPEARED APPROX. 8" BELOW THE SURFACE. THE LINE WAS FOUND TO BE SEVERED.		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:		
	Describe 1st Aid: PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Witnesses	Name DENNIS RINGUL	Address 4812 196TH ST E.	Wk Phone 98-6000
	Name	Address	Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
Date 5-26-	Signature of Employee 		Signature of Department or Agency Head 

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
 955 Tacoma Avenue South, Suite 303
 Tacoma, WA 98402



05/26/2011

3425



05/26/2011